

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
097857947

FILING DATE

APPLICANT(S)

5/10/04

CLAIMS

AS FILED	AFTER		AFTER		
	1st AMENDMENT	IND.	DEP.	2nd AMENDMENT	
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TOTAL IND.	R	4	3		
TOTAL DEP.	4	7	10		
TOTAL CLAIMS	6	10	14		

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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY